

Born in Cleveland ☐ YES ☒ NO

Collaborator if any

Artist

JOSEPH H

B

O'SICKY

Address

2884

Edgemoor Rd.

CITY

ZONE

FIRST NAME

LAST NAME

Tel.

ER-1-5340

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Joseph B O'Leary

SIGNATURE \_\_\_\_\_

REC'D  
MAY 11 1963